

# CERTIFICATE OF DEATH

PLACE OF DEATH... 518 Wacouta St......

If death occurred in a hospital or institution, give the NAME instead of street and number.

1 FULL NAME... William Wilson..... NO. 3  
 (2) Residence. No. .... Unknown Transit..... St., ..... Ward.....  
(Usual place of abode) (If non-resident, give City or Town or State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
6

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR or RACE	5 Single, Married, Widowed or Divorced (Write the Word)
<u>Male</u>	<u>White</u>	<u>Unknown</u>

5a If Married, Widowed or Divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year)  
Unknown about 1871

7 AGE	Years	Months	Days	If Less than 1 day... hrs. or ... min.
<u>About 53</u>				

8 OCCUPATION OF DECEASED

(a) Trade, Profession or particular kind of work... Retired Baseball

(b) General nature of industry, business or establishment in which employed (or employer)..... Player

(c) Name of employer.....

9 BIRTHPLACE (city or town) (State or country)  
U.S.

10 NAME OF FATHER  
? Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country)  
Unknown

12 MAIDEN NAME OF MOTHER  
Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)  
Unknown

14 Informant... B. P. Allen  
(Address) 126 E. 8th St.

15 Filed... 5-15...., 19. 24 ..... 47238.....  
Registrar.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)  
May 9th, 1924

17 I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...  
 that I last saw h.... alive on ..... 19...

and that death occurred, on the date stated above, at..... m.  
 The CAUSE OF DEATH\* was as follows:

Multiple Stab wounds of chest  
lungs & neck 183 ✓

..... duration, ..... years ..... mos. .... ds.

CONTRIBUTORY While Protecting Place of  
(Secondary) Business From Robbery  
 ..... duration, ..... yrs. .... mos. .... ds.

18 Where was disease contracted?  
 If not at place of death?

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(SIGNED) .. C.A. Ingerson, Coroner..... M. D.  
(Address) .. M.J. Leonard, Deputy.....

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Cemetery 5-16-24

20 UNDERTAKER  
Kessler & Maguire St Paul  
ADDRESS

PARENTS